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PROGRAMME DEVELOPMENT IN THE WEST AND CENTRAL AFRICA REGION

SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the West and Central Africa region during 1993.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries: Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo and Zaire.

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I. THE REGIONAL CONTEXT

1. Sub-Saharan Africa's population of 550 million people is growing at a rate of 3 per cent annually, a rate not matched by its economic growth. According to the United Nations Development Programme (UNDP) Human Development Report, most countries in the region, with the exception of Gabon, belong in the category of least developed countries. Several countries are in a state of bankruptcy, with public expenditures, including salaries of civil servants, no longer assured. All countries are currently operating under structural adjustment programmes, which have put considerable pressure on social sector budgets; several of these adjustment programmes have been in place for more than 10 years. At times, the reform process has slowed down, at least in part because of the political situation, itself a result of the social cost of adjustment.

2. The burden of external debt is one of the most serious constraints to development in the region. For the 23 countries in the region, outstanding debt reached $95 billion in 1991, a large part of which is owed to multilateral institutions. Debt service as a percentage of export earnings has reached dangerous levels for most countries. Of the 23 countries, 15 are eligible for the World Bank's Special Programme of Assistance for heavily indebted low-income countries. The number of people living below the poverty level in the region is increasing. Although reliable data are scarce, it is known that the phenomenon of children in especially difficult circumstances is increasing rapidly as a result of adverse economic conditions, civil conflicts and rapid growth and impoverishment of urban centres.

3. In several countries, including Benin, Cameroon, Côte d'Ivoire, Niger and Senegal, the ban on staff recruitment within the public sector and almost non-existent job creation in the private sector have resulted in ever-increasing numbers of unemployed young professionals in urban areas, many of whom turn to the informal sector as a means of subsistence. Unemployment problems are compounded by triple-digit inflation in countries such as Zaire.

4. The overvaluation of the CFA franc (franc of the Communauté financière africaine), the common currency in one half of the countries of the region, stimulated a parallel currency exchange market which in turn fuelled a transborder parallel commodity trade, the main beneficiaries of which were not the poorest households. Although no comprehensive regional study has been undertaken on the effects of macroeconomic policies in the region, numerous factors, such as the increase in female-headed households, the increasing number of households depending on the informal sector for their income, an increase in the number of street children and a reduction in family income, all indicate that for the majority of the people the quality of life is deteriorating rapidly. Another factor is the reduction of household purchasing power and its effects on the ability of households to pay for basic health and education services, as in Benin, Chad and Nigeria.

5. Eighteen of the 23 countries supported by the West and Central Africa Regional Office are now in some way affected by an emergency or other kind of political instability, social tension or ethnic violence, which could rapidly become an emergency. Chad, Liberia, Sierra Leone, Togo and Zaire are in

critical states of emergency; thousands of Togolese have fled to neighbouring Ghana and Benin; there has been renewed violence in Kinshasa, with the UNICEF office looted and non-essential United Nations staff evacuated; and until recently there was continued conflict in Liberia. However, an apparently serious peace process is now under way in Liberia, which could lead to the return of thousands of refugees from Côte d'Ivoire, Guinea and Sierra Leone. In view of the growing number of emergencies, the President of Burkina Faso recently launched the African Humanitarian Initiative, which is designed to extend mutual assistance among affected countries.

6. In countries affected by emergencies, UNICEF programmes strive first to maintain and consolidate the gains of past programmes, and then to attempt to build upon such gains when conditions have improved.

7. In spite of crisis and unrest, the process of democratization has continued in the region. Although the presidential elections in Nigeria were widely accepted as free and fair, they were annulled and power was transferred to a transitional civil Government. Niger elected an economist as its first democratically elected president. In the Central African Republic, the incumbent President was soundly defeated. In Chad, the National Conference elected a Prime Minister to lead a transitional government. Senegal's President Diouf was re-elected. In Togo, however, opposition candidates boycotted the presidential election, which resulted in an almost unanimous vote for the incumbent.

8. Although the macroeconomic and political situations in the region present a difficult environment for the achievement of the mid-decade goals, several recent developments have given rise to expectations that substantial additional resources may yet be mobilized. The World Bank is committed increasingly to poverty alleviation programmes. The African Development Bank (ADB) has committed itself to allocating 25 per cent of its lending portfolio to social programmes. Following debt relief and rescheduling packages for a number of countries, external aid flows to sub-Saharan Africa became positive again in 1992. Certain countries, through the process of preparing national programmes of action, have acknowledged a need to reduce military expenditures and generally realign budgets in favour of social programmes. Several countries with the potential for private-sector fund-raising have been identified.

II. PROGRAMME ANALYSIS

A. Health

9. In the region, infant, under-five and maternal mortality rates are among the highest in the world. Measles and neonatal tetanus have been replaced by malaria, acute respiratory infections (ARI) and diarrhoea as the main causes of infant and under-five mortality in most countries, but the death toll from measles and neonatal tetanus still remains significant, especially in emergency situations where immunization activities have been interrupted as, for example, in Liberia in 1992-1993. In addition, malaria case management is increasingly being hampered by drug resistance and the mortality rate caused by acquired immunodeficiency syndrome (AIDS) is rising rapidly. The main causes of maternal

mortality are obstetric complications such as obstructed labour, bleeding, infections and eclampsia, which can be treated effectively at well-functioning health centres and district hospitals.

10. The significant immunization gains achieved in the 1980s have not been entirely sustained. In fact, immunization coverage levels have slipped in several countries since the 1991 evaluations that showed a regional average of 50 per cent for three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine, three doses of polio vaccine and measles vaccine. Seven countries in the region can be considered to have achieved the universal child immunization objective. Similarly, seven countries already had coverage rates for two doses of tetanus toxoid (TT2) of greater than or equal to 80 per cent. Average DPT3 coverage in the region currently stands at a disappointing 35 per cent, with drop-out rates still unacceptably high, while TT2 coverage stands at around 50 per cent. However, in countries where the expanded programme on immunization (EPI) is integrated fully into operational district health systems, coverage remains high and stable, while in countries where EPI has been a focus of the Bamako Initiative, such as Benin and Guinea, EPI coverage continues to increase.

11. According to World Health Organization (WHO) data, the region now has the highest oral rehydration therapy (ORT) use rates of all UNICEF regions, at over 60 per cent. However, the variability of definitions used for ORT and the low reliability of many data sources in the region make this interpretation hazardous.

12. The main response to the constraints of sustaining recent health-sector gains has been the promotion and adoption of the Bamako Initiative approach of focusing on a "minimum health package" and strengthening health service delivery mechanisms. Access to a minimum health package has reached 12 per cent, with over 4,000 health centres (out of 24,000) in 18 countries offering integrated minimum care packages under the principles of the Bamako Initiative. In Mali, Nigeria and Zaire, micro-planning at the district level has been carried out on a large scale. In Benin, Cameroon, Guinea, Guinea-Bissau and Senegal, over 500 health centres are monitoring their coverage twice a year, involving district health staff and communities.

B. Nutrition

13. Research results from Ghana suggest a 20 per cent reduction in the under-five mortality rate attributable to vitamin A supplementation. The Ghana experience could constitute an important mobilization tool for the elimination of vitamin A deficiency in the region.

14. Although for many countries no precise epidemiological data are yet available on prevalence and geographic distribution, it is becoming increasingly clear that all Sahelian countries, the northern parts of West African coastal countries and selected parts of Central Africa are affected at least by subclinical vitamin A deficiency, making these target areas for vitamin A supplementation. To date, this supplementation is being implemented only in demonstration and research projects.

15. Iodine deficiency disorders (IDD) affect Burkina Faso, Cameroon, the Central African Republic, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Mali, Nigeria, Senegal, Sierra Leone and Zaire. Ghana and Senegal are two major salt producing countries in West Africa, and Mali has large rock salt reserves and, therefore, the potential to become a major salt producing and exporting country. Over the past decade, the widespread effects of IDD on the mental and physical development of children have been increasingly recognized. Even though salt iodization is a very cost-effective strategy for eliminating IDD, at present very little of the salt produced or imported to the region is iodized effectively. However, countries such as Cameroon and Nigeria have passed relevant legislation and an increasing proportion of their salt is iodized.

16. Data from the region indicate that in most countries over 90 per cent of infants start breast-feeding and around 70 per cent are breast-fed up to 24 months of age. However, the key problem that has been identified is non-exclusive breast-feeding, linked to traditional habits of giving additional water to babies, and to the early provision of supplementary foods.

17. Some 30 hospitals have been declared baby-friendly to date, with another 170 in the process of becoming so. Countries such as Côte d'Ivoire and Cameroon have prepared plans to make all hospitals baby-friendly by 1994, with many other countries preparing similar plans.

18. A critical number of Baby-friendly Hospital Initiative trainers/ facilitators have been trained in virtually all countries in the region through a series of regional workshops, and all but two Governments have actually stopped or at least promised to stop providing free supplies of breast-milk substitutes to health facilities.

19. In many countries, national codes are being developed for the commercialization and distribution of breast-milk substitutes. Regulations to stop the free or low-cost distribution of breast-milk substitutes at hospitals and health facilities have been developed with the active participation of Governments and producers, with regulations having been passed in all countries of the region except Senegal. However, during the recent mission visit of a UNICEF team to Senegal, the Minister of Health agreed to examine whether a problem of free distribution exists, and if so, to pass appropriate regulations against it.

20. Regional data indicate moderate to severe malnutrition rates, ranging from 20 to 40 per cent in most countries.

21. An analysis of the causes of malnutrition, using the UNICEF nutrition framework, confirms that in many areas health status and insufficient coverage by essential child health services, as well as inadequate caring capacity and practices at the household level, play as substantive a role as precarious household food security.

22. The key to tackling the priority health and nutrition problems of the region would appear to be a combination of strengthening health service delivery and knowledge of beliefs and behaviour at the individual household level. Such

knowledge would not only optimize actions on the service delivery side, but would also enhance communication and health/hygiene education activities.

C. Dracunculiasis (guinea worm disease)

23. Benin, Burkina Faso and Mali are among the countries that have included strategies to eradicate dracunculiasis in their work plans for achieving the mid-decade goals. The strategies involved include epidemiological surveillance, targeting of water supply, hygiene education, filtering of water at household and community levels, treatment of traditional water sources with Temephos (a chemical treatment that kills the cyclops), the development of alternative water sources such as rainwater harvesting and better integration with primary health care (PHC) and water supply.

24. Dracunculiasis eradication is not an end in itself, but should be a means to strengthen other aspects of PHC in order to provide sustainable follow-up benefits to the endemic countries. These benefits include both regional and community-based surveillance systems, networks of village health workers (VHWs), supervision systems, increased health education capacity and links with other sectors.

25. As an example, safe water supply is a strategic intervention, particularly in highly endemic villages. Targeting of water supplies to endemic villages has played a key role in controlling the disease in India; a reduction in dracunculiasis has been elected as an indicator of the effectiveness in UNICEF-supported projects in Benin, India, Mali and elsewhere. It is no coincidence that the focal point for the eradication of dracunculiasis in a UNICEF field office is usually a water supply and environmental sanitation programme officer, even when the Government's Ministry of Health is primarily responsible for the programme.

26. Schoolchildren also have a key role to play in spreading the health education message, and the resources of the education sector have been mobilized for dracunculiasis eradication in a number of countries, notably Ghana and Nigeria. Similarly, the health education capacity developed through VHWs can also serve other sectors. For example, in Côte d'Ivoire, the village workers trained for dracunculiasis eradication are members of the village water committee and are also trained to pass on messages related to hand-pump maintenance and domestic hygiene.

D. Education

27. Sub-Saharan Africa, and more specifically West and Central Africa, has the highest illiteracy and the weakest school enrolment rates. In most countries, a substantial part of public expenditure for education has been devoted to teachers' salaries and to maintaining expensive institutions of higher education. The situation was aggravated with the widespread economic downturn in the 1980s, which resulted in drastic cuts in education budgets in most countries.

28. Illiteracy rates vary greatly in the region, from 29 per cent in Cape Verde to 89 per cent in the Niger. Gender disparities in primary school enrolment show young girls to be at a disadvantage in most countries. The quality of primary education remains very poor in general and is part of the reason for drop-out rates of 70 per cent before completion of the fifth grade. Despite such a gloomy scenario, recently there has been progress, with the increase of enrolment rates in the Congo, Ghana, Nigeria and Senegal; the reduction of unit costs in Ghana and Nigeria; and the implementation of policies to produce and distribute teaching manuals in Burkina Faso and Ghana.